

Quick Notes

Issue No. 4

May 28, 2004

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Highlights of Proposed Regulation Changes – ED and AS

OSHPD's Inpatient Discharge Data program is more than twenty years old. It has an excellent reputation of data quality due to hospital compliance, robust editing, unassailed security, and a wide variety of uses.

The Emergency Department (ED) and Ambulatory Surgery (AS) programs are new, starting in October 2004, and will require outpatient data to be reported. An outpatient is defined as a person who has been registered or accepted for care but not formally admitted as an inpatient at a hospital (who does not remain over 24 hours) or a patient at a freestanding ambulatory surgical clinic, also known as an ambulatory surgery center, who has been registered and accepted for care. ED encounters, ambulatory surgeries in hospitals and in freestanding surgical clinics will be collected via the new online transmission function of MIRCal.

You are encouraged to read and comment on changes to reporting requirements for ED and AS encounters in the California Code of Regulations (CCR), Title 22, Division 7, Chapter 10 Health Facility Data, Article 8 *Patient Data Reporting Requirements*. Proposed text of Regulations, Initial Statement of Reasons, Format and File Specifications (April 2004) and Summary of the Amendments will be posted on the Medical Information Reporting for California (MIRCal) website: www.oshpd.ca.gov/hid/MIRCal/new.

The California Regulatory Notice Register, found at the California Office of Administrative Law website: www.oal.ca.gov/reg_notice.htm, will carry the official notice of changes.

IP

Report Periods and Due Dates

There are two Inpatient discharge data report periods each calendar year. The report due date is three months after the end of each semiannual report period.

| REPORT PERIOD | DUE DATE |
|----------------------------|--------------------------------|
| January 1 through June 30 | September 30 of the same year |
| July 1 through December 31 | March 31 of the following year |

ED

AS

Report Periods and Due Dates

There are four ED and AS data report periods each calendar year. The proposed report due date is 45 days after the end of each quarterly report period. Reporting is scheduled to begin with October 1, 2004 encounters. **Please note:** ED and AS encounters prior to October 1, 2004 will not be collected.

| REPORT PERIOD | DUE DATE |
|-------------------------------|-----------------------------------|
| January 1 through March 31 | May 15 of the same year |
| April 1 through June 30 | August 14 of the same year |
| July 1 through September 30 | November 14 of the same year |
| October 1 through December 31 | February 14 of the following year |



Extensions & Penalties

Extensions are available to facilities to submit reports and make corrections after the due date. When a reporting facility has been granted an extension, the end date of the extension will be the new due date for that report. OSHPD may not grant extensions that exceed the maximum number of days available for the report period.

A maximum of 28 extension days will be allowed for 2004 report periods. A maximum of 14 extension days will be allowed for report periods beginning on or after January 1, 2005.

Any facility which does not file a report completed as required by CCR Section 97250 *Failure to File a Data Report* is liable for a civil penalty of one hundred dollars (\$100) a day for each day that the filing of the report is delayed.

ED and AS Encounters versus Inpatient Admissions via ED or AS

An encounter is defined as a face-to-face contact between an outpatient and a provider (see CCR Section 97212). A provider is defined as the person who has primary responsibility for assessing and treating the condition of the patient as a given contact and exercises independent judgment in the care of the patient. This would include a practitioner licensed as a Medical Doctor, Doctor of Osteopathy, Doctor of Dental Surgery, or Doctor of Podiatric Medicine.

A hospital shall not report a separate Emergency Care Data Record or Ambulatory Surgery Data Record if the encounter resulted in a same-hospital admission (CCR Section 97213). These episodes of care would continue to be included in the inpatient discharge data record reported to OSHPD.

Should My Facility Report ED and AS Data?

Your facility operating license should be reviewed when determining whether or not to report ED or AS data to OSHPD.

Emergency Department Reporting: CCR Section 97212 defines an Emergency Department (ED) as a department in a hospital licensed to provide emergency medical services and the location at which those services are provided as specified in Subsection (c) of Section 128700 of the CA Health and Safety Code. This includes emergency departments providing standby, basic, or comprehensive services. An ED that provides any of these services is required to report patient level ED data to OSHPD using the MIRCals system.

Please Note: A hospital licensed for an ED that is also designated by the CA Emergency Medical Services Authority as a trauma center is required to report to OSHPD. Urgent Care Clinics that are not a part of a hospital ED are not required to report to OSHPD.

Ambulatory Surgery Reporting: CCR Section 97212 defines a Freestanding Ambulatory Surgery Clinic as a surgical clinic licensed by the CA Department of Health Services under Health and Safety Code Section 1204(b)(1). This type of facility is commonly known as a freestanding ambulatory surgery center and, along with hospital ambulatory surgery providers, must report AS data to OSHPD. A list of licensed surgical clinics can be accessed from OSHPD's ALIRTS web page: www.alirts.oshpd.ca.gov or from the OSHPD Healthcare Information Resource Center at (916) 322-2814.

For each encounter during which at least one ambulatory surgery procedure is performed, each hospital or freestanding surgery clinic shall submit an ambulatory surgery data record (CCR Section 97213). "Ambulatory surgery procedures" for reporting purposes are those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic.

Reporting Follows National Standards

The definitions for the ED and AS data elements were built upon content of the 837 Health Care Service: Data Reporting Guide (837 HCSDRG). Version 4050 of the 837 HCSDRG is a national standard non-claim transaction set approved by Accredited Standards Committee (ASC) X12N of American National Standards Institute (ANSI). The HCSDRG was developed through the work of the Public Health Data Standards Consortium for use by public health agencies (including states with mandated programs) to collect data using national standards. The reporting guide is compatible with the format and data content of the 837 Health Care Claim transaction implementation guides (Institutional and Professional). It may be found at the Washington Publishing website:
www.wpc-edi.com/healthcarefinal.asp.

Questions?

OSHPD is updating the Frequently Asked Questions (FAQ) on our web site: www.oshpd.ca.gov/hid/MIRCal/support/faqs based on surveys and concerns voiced by hospitals and clinics. Additional FAQs will be added, so check back often. If you would like to submit a question of your own, please fill out our Submit Question form on the FAQ web page.

Coming Soon:

The California Hospital Outcomes Program is preparing to use the MIRCal Special Documents function to distribute future draft reports and datasets for review by hospitals. Look for more details in an upcoming issue.

***Next Issue:
E-Codes and Procedures***